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TRANSMITTAL FORM  (to be used for all correspondence after initial filing)  Total Number of Pages in This Submission		Application Number	09/967,080
		Filing Date	September 28, 2001
		First Named Inventor	D. Scott Lineback et al.
		Art Unit	1761
		Examiner Name	Helen F. Pratt
		Attorney Docket Number	40400-10190
Total Number of Fag			
	E	NCLOSURES (Check all	Il that apply)
Fee Transmit	ttal Form	Drawing(s)	After Allowance Communication to TC
<b>✓</b> Fee A	Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences
Extension of Express Abar Information D Certified Cop Document(s) Reply to Miss Incomplete A Reply	Final  avits/declaration(s)  Time Request  ndonment Request  Disclosure Statement  avits/declaration(s)  I I I I I I I I I I I I I I I I I I I	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	Address  Other Enclosure(s) (please Identify below):  Our check in the amount of \$1,020.00 and a return receipt post card
Firm Name	SIGNATUR	RE OF APPLICANT, ATTO	JRNET, OR AGENT
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Signature	M		
Printed name JA	MES D. RYNDAK		
Date Fe	ebruary 18, 2005	<u> </u>	Reg. No. 28,754
	CERT	TIFICATE OF TRANSMISS	SION/MAILING

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FEED ANSMITTAL Complete if Known 09/967,080 Application Number FEE TRANSMITTAL Filing Date September 28, 2001 For FY 2005 D. Scott Lineback et al. First Named Inventor Helen F. Pratt **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1761 **TOTAL AMOUNT OF PAYMENT** 1,020.00 Attorney Docket No. 40400-10190 **METHOD OF PAYMENT** (check all that apply) Check Credit Card Other (please identify): ✓ Deposit Account Deposit Account Number: <u>50-0503</u> Deposit Account Name: Ryndak & Suri For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 250 200 500 100 100 Design 200 50 100 130 65 **Plant** 200 100 300 160 150 80 300 Reissue 150 500 600 250 300 200 100 **Provisional** 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 100 200 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Total Claims Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee (\$) - 20 or HP = X HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee Paid (\$) Fee (\$) -3 or HP =HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 Fee Paid (\$) (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Extension fee for response within third month 1,020.00 **SUBMITTED BY** Registration No. 28,754 Telephone 312/214-7770 Signature

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Name (Print/Type) JAMES D. RYNDAK

(Attorney/Agent)